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PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)	Examiner: Unknown
ZDEPSKI, Joel)	
Application No.)	Art Unit: 2758
09/288,475)	
Filed: April 8, 1999)	August 18, 1999
For: SYSTEM AND METHOD FOR ONE TOUCH)	
E-MAIL REPLY)	<u>CERTIFICATE OF MAILING</u>

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on Aug 25, 1999 Pat Tate
Signed: Pat Tate

Pat Tate

REQUEST FOR CORRECTED FILING RECEIPT

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Office of Initial Patent Examination
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Sir:

Enclosed is a copy of the Filing Receipt for the above-identified patent application. Please reprint the Filing Receipt as follows and mail the corrected copy to the undersigned.

Please change the attorney address to:

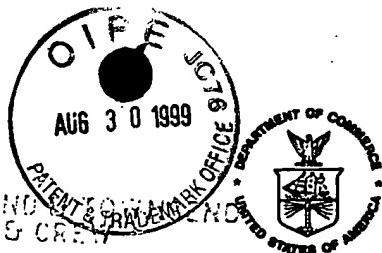
Customer No. 21912
RITTER, VAN PELT & YI LLP
4906 El Camino Real
Suite 205
Los Altos, CA 94022

Since this is a Patent Office typographical error, no fee should be due. However, the Commissioner is authorized to charge any fees that may be due to Deposit Account 50-0685 (Order No. OPTVP002).

Respectfully submitted,
RITTER, VAN PELT & YI LLP

Susan C. Yi
Reg. No. 39,883

4906 El Camino Real
Suite 205
Los Altos, CA 94022
(650) 903-3500

FILING RECEIPT
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/288,475	04/08/99	2758	\$1,046.00	OPTVP002	12	19	5

021912
MICHAEL J RITTER
TOWNSEND AND TOWNSEND AND CREW LLP
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8TH FLOOR
SAN FRANCISCO CA 94111-3834

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the date presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) JOEL ZDEPSKI, MOUNTAIN VIEW, CA.

CONTINUING DATA AS CLAIMED BY APPLICANT-

PROVISIONAL APPLICATION NO. 60/081,095 04/08/98
PROVISIONAL APPLICATION NO. 60/081,046 04/08/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/30/99

TITLE

SYSTEM AND METHOD FOR ONE TOUCH E-MAIL REPLY

PRELIMINARY CLASS: 709

RITTER, VAN PELT & YILL
RITTER, VAN PELT & YILL

AUG 16 1999 AUG 16 1999

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DATA ENTRY BY: DUNCAN, KIMBERLY TEAM: 04 DATE: 08/04/99



(See reverse for new important information)

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SERIAL NUMBER 09/288,475	FILING DATE 04/08/99	CLASS 709	GROUP ART UNIT 2758	ATTORNEY DOCKET NO. OPTVP002
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APPLICANT

JOEL ZDEPSKI, MOUNTAIN VIEW, CA.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/081,095 04/08/98
W.C.
PROVISIONAL APPLICATION NO. 60/081,046 04/08/98

371 (NAT'L STAGE) DATA***

VERIFIED
'C V

FOREIGN APPLICATIONS***

VERIFIED
W.C.

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 12	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 5
Verified and Acknowledged <i>W.C.</i>	Examiner's Initials _____ <i>Initials</i>				

ADDRESS

SEE CUSTOMER NUMBER: 021912

Rory D. Rankin
 Conley, Rose & Taylor P.C.
 P.O. Box 398
 Austin, TX 78767-0398

TITLE

SYSTEM AND METHOD FOR ONE TOUCH E-MAIL REPLY

FILING FEE RECEIVED \$1,046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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